The Family Services Program

Program Guidelines and Service Requirements

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Wisconsin Department of Health Services
Wisconsin Department of Children and Families

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Family Service Program Funding and Contracts

The Family Services Program (FSP) is jointly administered by the Wisconsin Department of Health Services (DHS) and the Wisconsin Department of Children and Families (DCF). Tribes receive a separate FSP allocation from both departments. The two departments collaborate to allow tribes to operate integrated FSP programs using funds from both departments.

Tribes submit joint FSP three-year plans to the two departments, with separate sections in the plans pertaining to DHS funds and DCF funds. The plans include separate budgets for the DHS and DCF funds, but tribes may use funds from both departments to support the same tribal staff and provide integrated services to families.

The FSP allocations include funds from multiple state and federal sources. Based on the particular fund sources, portions of the total FSP allocation must be used for specific types of services. The intent of the departments is to allow tribes maximum flexibility in the use of FSP funds to the extent allowable for each of the particular fund sources.

In the second and third year of the three-year plans, tribes submit annual budgets to the two departments. The annual budgets are modifications to the original plan. Tribes may update the FSP plan as needed during the three-year period to reflect changes in FSP services or the use of FSP funds.

Plan approvals, budget approvals and follow-up with tribes on semi-annual reports are done jointly by the two departments. Both departments participate in meetings with tribal FSP directors to consult with tribal staff on FSP program management.

Each tribe receives separate contracts from DHS and DCF. The FSP three-year plans and annual budgets are exhibits to both contracts.

The DHS FSP allocation is comprised of federal and state Alcohol, Tobacco, and Other Drug Abuse (ATODA) funds which must be directed towards ATODA prevention/treatment activities. Appropriate ATODA activities are described later in this document.

Reimbursement for DHS funds is through the CARS fiscal system.

The DCF FSP allocation can be used for a wide range of human services, including domestic abuse, child welfare, self-sufficiency, teen parenting, and child care. The specific activities are described in later in this document.

Reimbursement for DCF funds is through the CORe fiscal system.

The tribes submit joint semi-annual progress reports to the two departments on services included in the FSP plans. The semi-annual plans include data on the outcomes specified in the FSP plan.

Overview

The Family Services Program (FSP) is a team-based approach to family-centered human service provision that relies on evaluation to show success. The basic premise of the FSP to maximize the flexibility of funding and program design in order to provide tribal agencies with the ability to tailor programming to meet their communities' needs.

Each tribe has the flexibility to include and emphasize the services that will meet the need of individual families and the tribal community. This is achieved by designing personalized care with buy-in from each client using case plans and activities targeting a client's strengths and needs while incorporating support from family and other supporters.

Tribes receiving a Coordinated Services Team (CST) grant are expected to fully incorporate CST into the Family Services Program.

The range of services in a work plan funded by the DCF allocation must include, but is not limited to the following:

1. Adolescent pregnancy prevention and parenting skills for adolescent parents;
2. Child/Respite care;
3. Permanency for children in out-of-home care;
4. Family preservation and support services;
5. Empowerment for low-income individuals, families, and communities to overcome the effects of poverty;
6. Domestic Abuse intervention, prevention and education services;
7. Other services to improve family functioning and positive outcomes for children.

The range of services in a work plan funded by the DHS allocation must be directed to ATODA prevention and treatment activities that include but are not limited to:

1. Educational programming;
2. Alternatives to substance use such as recreational, cultural, educational activities;
3. Reduction in individual or environmental risk factors;
4. Enhancement of protective factors that support individual or community capacity to overcome risk factors;
5. The identification, referral and or treatment of individual at risk of ATODA;
6. Community based interventions that assist in building/coordinating prevention capacity.

Services between programs must be integrated to the maximum extent possible. Integration occurs when multiple services work together to address common needs in areas such as:

a) Providing access to services
b) Advocacy, case management & program coordination
c) Community education
d) Crisis intervention and direct services
e) Prevention activities
f) Professional development

Effective program evaluation and reporting methods are necessary for a successful FSP. Technical assistance is available from both DHS and DCF. Specific technical assistance resources are listed at the end of this document.

Glossary of Terms

Three-Year Plan Format

Outcomes are benefits experienced by participants during or after their involvement with the program. Outcomes are a natural result or consequence of activity that measure the desired effects of services. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition or status. There can be various "levels" of outcomes, with initial outcomes leading to longer-term ones. For example, a youth in a mentoring program who receives one-to-one encouragement to improve academic performance may attend school more regularly, which can lead to getting better grades, which can lead to graduating high school.

Outcome Indicators are the specific performance measures that track a program's success toward reaching outcomes. The indicators describe observable, measurable characteristics or changes in participants that show achievement of an outcome.

Data Source is the source of information used to measure achievement of the outcome indicator. Data can be for the individual persons served or the tribal community. Depending on the service, data sources can include participant case records, pre- & post-tests, questionaires, and interviews long with community surveys, and other methods.

Activities are what a program does with its resources - the services it provides to fulfill its mission. Examples are conducting counseling sessions for families, educating the public about signs of child abuse, and providing adult mentors for youth.

Resources are what a program uses to provide services. Examples are staff, elders, volunteers, facilities, equipment, curricula, and money. A program uses resources to support activities.

Coordinated Services Team is a designed group of community members and social service providers who collectively design and provide services to families participating in the Family Services Program.

Semi-Annual Report

Baseline Data is data used for comparative purposes. A program should use its own data as a baseline against which to compare future performance whenever possible. It also can use data from another similar program as a baseline. In the latter case, the other program often is chosen because it is exemplary and its data are used as a target to strive for, rather than as a baseline to improve upon.

Cumulative Outcome Finding is a compilation and numerical summery of data from successive semi-annual reports. The cumulative outcome data should be compared against the baseline data to determine your program's progress in achieving the outcome. Data collected for most outcomes will be information from individual participants. However, this information will not be reported for each individual, but instead combined and reported as an overall measure of outcome achievement.

Influencing Factors are participant or program characteristics that may influence participants' or your program's ability to achieve outcomes. For example, age, gender, education, geographical location, number of training sessions attended, etc.

General Program Requirements

The following program requirements must be met for services using FSP funds:

1. The FSP funds may not be used to supplant existing funds.

2. A comprehensive assessment of community needs and strengths must be conducted as part of the tribe's 3-year FSP plan. The assessment should incorporate a variety of methods to identify community needs.

3. The FSP funds cannot be used for any activities that relate to providing voters or prospective voters with transportation to the polls or provide similar assistance in connection with an election or any voter registration.

4. The FSP funds shall be used by tribes to provide culturally appropriate social and mental health services in conjunction with services available through county departments of human/social services, created under s. 46.22 or 49.51, or by boards created under s. 51.42 or 51.437.

5. FSP funds cannot be used for out-of-home child placement costs.

6. If any Wisconsin tribe receives a Community Services Block Grant (CSBG) allocation directly from the Federal Office of Community Services, the tribe's FSP allocation will be reduced by the amount of the federal award and the state CSBG portion of FSP funds will be redistributed to other tribes.

7. Safe and reliable child care and respite care must be available to all families referred to FSP program services

8. Funds may not be used for the purchase, construction or permanent improvement (other than low-cost residential weatherization or other energy-related home repairs) of any building or other facility.

9. Grantee shall comply with section 20.9275 of the Wisconsin Statutes as amended by 1997 Wisconsin Acts 27 and 237 and is subject to the penalties for violation prescribed therein. No "program funds" as defined in that section shall be used in any "pregnancy program, project or service" as defined in that section for any abortion-related activities as described in sec. 20.9275 (2)(a). If Grantee operates any other "pregnancy program, project or service" that provides abortion-related activities as described in sec. 20.9275 (2)(a) with funds other than "program funds," that program, project or service shall be separate and distinct in all respects, including organization, operation and accounting, from any "pregnancy program, project or service" provided with FSP funds.

Good Practice Guidelines

The following guidelines represent good practice values and standards to be used when developing and implementing a Family Services Program.

- Measurable outcomes are developed when program services are set up.
- A method of evaluation and data collection is built into services to measure whether intended benefits are being transferred to program participants. (surveys, pre & post-tests, etc.)
- Ongoing evaluation is part of planning and service provision.
- Clients/families are partners with service providers, with each member being considered an expert in his/her own life.
- Intervention strategies build on the strengths and resources of the family.
- Providers embrace the belief that families have the capacity to change and that most troubled families want to improve their situations.
- Each family is considered a unique situation.
- The dignity of each family member is respected and preserved.
- The needs of children are best met when they are raised in families where they are protected and encouraged to become adults who will contribute to society.
- Services are holistic, encompassing the family, extended family and community.
- Tribal domestic abuse programs are encouraged to be members of American Indians Against Abuse (AIAA). Membership means regularly attending meetings and collectively working with other tribal DV programs and the Lac du Flambeau Statewide Domestic Violence Shelter.
- Program staff actively participate in DHS/DCF sponsored trainings and the annual DHS/DCF & AIAA Tribal Conference.

Family Service Programs and service providers are expected to form working relationships with county and state human service providers to establish and maintain culturally appropriate service provision procedures for American Indians in the locality. Activities may include, but are not limited to:

1) Facilitating the access of tribal members to county human services.
2) Establishing protocols with counties for service provision to serve tribal members.
3) Entering into Agreements or Memoranda of Understanding with state or county providers, which could include 161 Agreements, training agreements, etc.
4) Attending county and/or state meetings to discuss tribal service needs.
5) Serving on the DHS/DCF & AIAA Tribal Conference Planning Committee to help ensure that tribal training needs are met.
6) Serving on county and state boards and committees to ensure that programming is inclusive and services are culturally sensitive and appropriate.

Service Provision

Each Tribal Family Services Program is required to provide services in each area listed below. The scope and design of those services is determined by each individual tribal community.

Youth Services Requirements
When providing prevention and intervention services and activities to adolescents, such as CHOICES for Girls, AODA prevention, pregnancy prevention and violence prevention, the differences in how males and females experience these issues should be taken into account. Services shall be structured so as to increase the development of sound decision-making and strong communication skills, promote graduation from high school, expand career options, and address other adolescent needs.

Adolescent Pregnancy Prevention and Parenting Services
Issues of primary concern addressed to girls and young women should be building self-esteem, prevention and treatment/recovery services after sexual assault/abuse, career exploration, pregnancy prevention and the effects of sex role stereotyping. Additionally, services to adolescent parents, ages 13-19, both males and females, should emphasize high school graduation and vocational preparation, training and experience. Services should be structured so as to strengthen the adolescent parent's capacity to fulfill parental responsibilities by developing social and parenting skills and increasing educational opportunities.

Youth Substance Abuse and Violence Prevention
FSP services must comply with the following Five Principles of Effectiveness:

- Principle 1: A program or activity shall be based on an assessment of objective data regarding the incidence of violence and illegal drug use in the schools and communities to be served, including an objective analysis of the current conditions and consequences regarding violence and illegal drug use. This includes delinquency and serious discipline problems among students, including private school students who participate in the drug and violence prevention program, based on an ongoing assessment using evaluation methods.

- Principle 2: A program or activity shall be based on an established set of performance measures aimed at ensuring that the elementary schools and secondary schools and communities served by the program have a safe, orderly, and drug free learning environment;
- Principle 3: A program or activity shall be based on scientifically-based research that provides evidence that the program used will reduce violence and illegal drug use;
- Principle 4: A program or activity shall be based on an analysis of data reasonably available at the time; The prevalence of risk factors, including high or increasing rates of reported child abuse or domestic violence, protective factors, buffers, assets, or other variables identified through scientifically based research ; and
- Principle 5: A program or activity shall include meaningful and ongoing consultation with parents in the development, application, and administration of program activities.

Best Practice Guidelines

A program may use FSP funds to carry out activities that comply with the Five Principles of Effectiveness listed above, such as age appropriate and developmentally based activities that:

- Address the consequences of violence and the illegal use of drugs.
- Promote a sense of individual responsibility.
- Teach youth that most people do not illegally use drugs.
- Teach youth to recognize and social and peer pressure to use drugs illegally and obtain the skills for resisting illegal drug use.
- Teach youth about the dangers of emerging drugs.
- Engage youth in the learning process.
- Activities that involve families, community sectors and a variety of drug and violence prevention providers that set clear expectations against violence and illegal drug use and establish appropriate consequences for engaging in violence and illegal drug use.
- Dissemination of drug and violence prevention information to schools and the community
- Professional development and training for program staff, parents and interested community members in prevention, education, early identification and intervention, mentoring, and rehabilitation referral as related to drug and violence prevention.
- Drug and violence prevention activities that include the following:
    1. Community-wide planning and organizing activities to reduce violence and illegal drug use, which may include gang activity prevention.
    2. Conflict resolution programs, including peer mediation programs that educate and train peer mediators and youth anti-crime/anti-drug councils and activities.
    3. Programs that encourage youth to seek advice from, and confide in, a trusted adult regarding concerns about violence and illegal drug use.
    4. Expanded mental health services related to illegal drugs and violence, including early identification of violence and illegal drug use, assessment and direct or group counseling services provided to youth, parents, and families by qualified mental health service providers.
    5. Drug and violence prevention activities designed to reduce truancy.

6. Age appropriate, developmentally-based violence prevention and education programs that address victimization associated with prejudice and intolerance, including activities designed to help students develop a sense of individual responsibility and respect for the rights of others and that teach non-violent methods of conflict resolution.
7. Emergency intervention services following traumatic crisis events, such as a shooting, major accident, or a drug-related incident that has disrupted the learning environment.
8. Community service and service learning projects, including community service performed by expelled students.

AODA PREVENTION & TREATMENT SERVICES – Requirements

1) Must continue Maintenance of Effort, i.e. the local tribal substance abuse funding level shall be maintained, not decreased, from the previous year's level.
2) May not be used to provide in-patient hospital services.
3) Must be in compliance with DHS 61, Subchapter III (Standards for Community Alcohol and Other Drug Abuse Programs)
4) Must establish plans for certifying participating AODA counselors within three months of the start of the contract period.
5) Must give priority to pregnant women and/or women with dependent children.

The primary focus for the program is families with children that are experiencing AODA problems in conjunction with other issues (sexual abuse, child or spousal abuse, delinquency, emotional problems, etc.).

In the area of AODA parenting skills enhancement, the incorporation of culturally appropriate curriculum with a family-based approach is a key to success. Funding can be used in a variety of ways: To develop culturally appropriate curricula, to support community awareness and support activities, for the evaluation of training curriculum, to identify program participation, etc.

Best Practice Guidelines
Comprehensive AODA services should provide an array of services targeted at but not limited to:

1) Pregnant women
2) Women with dependent children
3) Intravenous drug abuse
4) The elderly
5) The disabled
6) Child daycare
7) Fetal alcohol syndrome
8) Family support
9) Outreach

10) Domestic abuse against women, etc.

In-Home AODA Services

Best practice standards for alcohol and other drug abuse **in-home** services in Native communities include the following:

1) Implements holistic treatment stratagems;
2) Promotes inter-generation perpetuation of "healthy families" as defined by each community;
3) Provides the least restrictive setting possible;
4) Involves every member of the family;
5) Eliminates childcare and transportation barriers;
6) Oriented to traditional Native American values of the community;
7) Provides an opportunity to observe the family in their home environment;
8) Sets an example for younger children in terms of alternative ways to deal with problems (physical, mental, emotional, spiritual, financial, etc.) other than substance abuse;
9) Identifies families with children at risk for out-of-home placement and provides prevention strategies;
10) Recognizes and connects families with other services that may be needed in the home.

BEHAVIORAL HEALTH SERVICES – Requirements

The term "behavioral health' is a general term that encompasses the promotion of emotional health; the prevention of mental illness and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illness, and/or mental disorders.

Goals:

Goal 1.1:	Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.
Goal 1.2:	Prevent or reduce consequences of underage drinking and adult problem drinking.
Goal 1.3:	Prevent suicides and attempted suicides among populations at high risk, especially military families, youth, and American Indians and Alaska Natives.
Goal 1.4:	Reduce prescription drug misuse and abuse.

Mental and substance use disorders have a powerful effect on the health of individuals, and on the Nation's social, economic, and health-related problems. Mental and substance use disorders also are among the top conditions for disability, burden of disease, and cost to families, employers, and publicly funded health systems. Excessive alcohol use and illicit drug use are linked directly to increased burden from chronic disease, diabetes, and cardiovascular problems.

The Institute of Medicine's (IOM) 2009 report Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities describes evidence-based services and interventions that build emotional health by addressing risk factors and supporting protective factors and resilience to prevent many mental and substance use disorders in children and young adults. The IOM report also documents that behavior and symptoms signaling the likelihood of future behavioral disorders such as substance abuse, adolescent depression, and conduct disorders often manifest two to four years before a disorder is actually present. If communities and families can intervene earlier, before mental and substance use disorders are typically diagnosed, future disorders can be prevented or the symptoms mitigated. Doing so requires multiple and consistent interventions by all systems touching these children and youth (e.g., schools, health systems, churches, families, and community programs). Because most adult mental and substance use disorders manifest before age 25, and many of the same risk and protective factors affect physical health, this focus on preventing mental health and substance abuse problems among children, adolescents, and young adults is critical to behavioral and physical health now and in the future.

Background

The promotion of positive mental health and prevention of substance abuse are key parts of this initiatives mission to reduce the impact of substance abuse and mental illnesses within communities. The World Health Organization defines health as a "state of complete physical, mental, social well-being, and not merely absence of disease or infirmity." Mental, emotional, and behavioral (MEB) health refers to the overall psychological well-being of individuals, and includes the presence of positive characteristics such as the ability to manage stress, demonstrate flexibility under changing conditions, and bounce back from adverse situations.

It is imperative that this initiative work to enhance the ability of health systems, schools, families, and other entities to intervene early and consistently in ways that meet the cultural and linguistic needs of diverse populations. In doing so, behavioral health initiatives will build on scientific evidence to create understanding of what works to help young people exhibiting warning signs of mental and substance use disorders before these conditions become disabling.

American Indian and Alaska Native communities face elevated levels of substance use disorders and experience higher suicide rates than the general population. They also face higher rates of certain risk factors for mental, emotional, and behavioral problems, including poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. These disparities can be addressed by improving prevention programs that serve members of the Native American community and by developing culturally focused universal, selected, and indicated prevention programs.

Public awareness and health education will be an essential part of the overall Prevention Strategic Initiative. Parents, schools, and communities have an intense need for information to help keep their children safe and healthy. For example, problem drinking, including underage drinking, is a serious health and safety issue, but many tolerate and even support it. Some adults, including some parents, mistakenly think that underage drinking is part of growing up and a harmless rite of

passage. Problem drinking is not just an issue for young people. Many adults are concerned about their own, their partner's, or their aging parents' use of alcohol. Educating the public about problem drinking will likely result in better health outcomes across the lifespan.

The field of prevention science, well known for advancing the health of people at risk for illnesses such as cancer, diabetes, and heart disease, also has produced effective strategies for behavioral health. Properly implemented, prevention and wellness promotion efforts result in safer communities, better health outcomes, and increased productivity.

Preventing and/or delaying initiation of substance abuse or the onset of mental illness can reduce the potential need for treatment later in life. These prevention efforts will also address the unique needs of people living with substance abuse and mental illness.

People with mental and substance use disorders are 2 to 5 times more likely to smoke cigarettes than the general population, and we must also work to prevent this harmful behavior. Research shows that ongoing, community-based, comprehensive approaches to preventing specific problems or risk behaviors can achieve these goals.

DOMESTIC ABUSE – Requirements

The Domestic Abuse area provides support and services to victims of domestic abuse and their children, educates the community, and promotes a community response to domestic abuse. The following minimum program requirements must be met:

- 24-hour phone line. Live coverage is provided every day of the week, including holidays. The crisis line must have toll-free access or be available to the service area via a local call. The phone line is operated by staff or volunteers trained in domestic abuse crisis situations, and the crisis line number is publicized throughout the service area via telephone listings, brochures, posters, etc.

- Counseling and Advocacy. Counseling includes individual and group sessions. The goal of counseling sessions is to empower the domestic abuse client and to provide information that will enable the client to identify needs and get those needs met. Domestic abuse clients must have access to individual counseling provided by paid staff or volunteers trained in the area of domestic abuse. Regular support groups are offered. Advocacy includes assisting a client in obtaining a service resource in the following areas: social services, legal assistance (including assistance with obtaining a restraining order and court accompaniment), financial resources, educational resources, employment, child care, medical resources, law enforcement assistance, housing, and translation and/or interpretation services. Advocacy also includes working with professionals in relevant systems to overcome barriers that prevent domestic abuse victims and their children from receiving services that meet their needs.

- Referral and follow-up services. Referral services must be provided in response to individual inquiries for specific information about community services and resources. These services go beyond the regular information given during an intake interview. Advocates periodically

contact clients in a safe manner and offer services to individuals who have used the program's services

- Community Education. The tribe must undertake activities that increase public knowledge about, and responsiveness to, domestic abuse victims and the problems/issues they face. The tribe must publicize the services available in the target area. Community education activities should include both the distribution of printed material and in-person appearances. Programs must consider the presence of different ethnic and cultural groups in their service area, as well as other special populations, including older victims of domestic abuse and persons with disabilities.

- **Tribes must provide a 25% match of funds. Match can come from cash or in-kind sources.**

- Training must be provided to all paid staff and volunteers, and the training must include:
    1. Basic information on domestic abuse
    2. Crisis counseling and listening skills
    3. The importance of confidentiality
    4. Policies and procedures of the program
    5. Overview of community resources
    6. Laws and legal procedures affecting domestic abuse
    7. Sensitive and appropriate services to special populations
    8. Dynamics of group living (for shelter workers)

- The tribal domestic abuse program complies with Wisconsin Statute 49.83 on confidentiality, which prohibits the revealing of any information about a client except when it is clearly required to fulfill the administrative purpose of the program.

- The tribal domestic abuse program complies with Wisconsin Statute 995.67 on prohibited disclosures, which prohibits disclosing the location of a service recipient and the recipient's minor children without the informed, written consent of the service recipient.

- Programs must establish or implement policies and protocols for maintaining the safety and confidentiality of adult victims of domestic violence and their children. When providing statistical or programmatic data on program activities, individual identifiers of client records will not be used. Programs may not disclose any personally identifying information or individual information collected in connection with services requested, utilized or denied without the informed, time-limited consent of the client.

- Clients are informed of their rights to confidentiality during the intake process.

- Program funds cannot be used to provide batterers treatment or intervention services.

- Couples counseling is not considered a safe or appropriate practice in situations where domestic violence is or has been present. In situations where domestic violence has been

present, couples counseling may only be used if the perpetrator has successfully completed an approved batterers' treatment program, the relationship has been violence-free for a period of at least one year, and at the request of the victim/survivor. Parties wishing to make referrals for or provide couples counseling in such situations are encouraged to consult with the tribal domestic abuse program.

- Fees may not be charged to victims who receive services provided by this grant.

- No income eligibility standards will be imposed on persons receiving domestic abuse services with these grants.

- No direct cash payment may be made to a person (or his or her dependents) served under this grant. Vouchers for goods or services or payments to a service provider on behalf of a client are allowable.

- All supportive services offered at domestic violence shelters or programs are to be used by participants on a voluntary basis only.

- If a required service is not provided directly by the tribe but is provided by another organization, the tribe must have a written service agreement or a subcontract with the provider of the required service. DCF staff must approve written service agreements. The agreement or subcontracts must state clearly who will provide what service and how, include the period of time covered by the agreement, and be signed by authorized officials of both parties to the agreement.

Domestic Abuse Best Practice Guidelines

Tribal domestic abuse programs should be members of American Indians Against Abuse (AIAA), which means regularly attending meetings and collectively working with other tribal DV programs and the Lac du Flambeau Statewide Domestic Violence Shelter. The tribe is encouraged to appoint a person to serve on the American Indians Against Abuse Board of Directors and to consult with AIAA in the planning and evaluation of services.

- Domestic Abuse programs must participate in a Community Coordinated Response Team when one exists in the county or tribal area.

- Domestic Abuse services shall establish or maintain relationships with other community agencies serving domestic abuse victims. Examples of such agencies are law enforcement, the courts, social services, health care providers, the schools, Family Preservation and Support efforts, domestic abuse shelters, etc.

- Domestic Abuse programs shall develop a method for assessing client satisfaction with services and incorporate the findings into programming.

PROMOTING SAFE & STABLE FAMILIES – Requirements

The safety of children and family members is of paramount importance in providing services. Family preservation, support and reunification services must be provided during the work plan period.

The intent of PSSF services is:

1. To enhance parents' ability to create safe, stable and nurturing home environments that promote healthy child development (family support);
2. To prevent the unnecessary separation of children from their families by assisting children and families resolve crises, and connecting them with necessary and appropriate services (family preservation);
3. To ensure permanency for children by avoiding unnecessary out-of-home child placements and helping children in out-of-home care return to their families or to another planned, permanent family (family preservation).

Definitions & Examples: Family Support Services

Family Support Services are voluntary, preventive, community-based services to promote the well-being of children and families. Services should increase the strength and stability of families (including adoptive, foster, and extended families) by improving parenting abilities and enhancing child development.

Examples of Family Support Services:

- Services, including in-home visits, parent support groups, and other programs designed to improve parenting skills.
- Home Visiting or other services to pregnant or new parents that help parents understanding child development, family budgeting, stress management, coping with stress, health and nutrition.
- Respite child care to provide temporary relief for parents and other caregivers.
- Structured activities that strengthen the parent-child relationship.
- Drop-in community centers to afford families opportunities for informal interaction with other families and with program staff, family resource centers, etc.
- Transportation, information and referral services to afford families access to other community services, including child care, health care, nutrition programs, adult education literacy programs, legal services and counseling and mentoring services.
- Early screening of children to assess their developmental needs, and then providing assistance to families to secure services needed to meet these needs.

A. Family Preservation Services are designed to help families (including adoptive and extended families) that are at-risk, vulnerable or in crisis remain safely together. The goal is to preserve families and prevent removal of children into out of home care or placement. These services are often employed only after all other assistance has failed or has been judged inappropriate.

Examples of Family Preservation Services:

- Services that are time limited (6-12 weeks), intensive and delivered in-home; designed to meet the immediate safety needs of the family and to stabilize the family in order to plan for ongoing, less intensive services.
- Safety services, which are integral to family preservation, include: routine & emergency medical care, routine & emergency mental health care, routine & emergency alcohol or drug abuse services, in-home health care, supervision/observation, day care, respite care, basic home management/life skills training, parenting assistance, social/emotional support, individual or family crisis counseling, financial services, housing, chore services, transportation, and food/nutrition and clothing services.
- Intensive home-based therapeutic services and community networking.
- Comprehensive family-centered case management services.
- Home-based, family-centered casework services for families with children.

B. **Time-limited Family Reunification Services** are activities that prepare children in out-of-home care and parents for the safe return of children. Reunification services are time-limited and should be provided within the 15-month period (beginning when children enter out-of-home care).

Examples of Reunification Services:

- Individual, group, and family counseling.
- Inpatient, residential or outpatient substance abuse treatment services.
- Mental health services.
- Assistance to address domestic violence.
- Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries.
- Transportation to or from any of the services and activities.
- Intensive case management.

Best Practice Guidelines

- Programs, community events, and services are focused on the family as a whole.
- Families are provided a strong role and voice in setting goals and treatment plans
- Services are tailored to each unique family.
- Providers work with families to identify extended family and informal supports in to support the development and maintenance of safety, intervention or treatment plans.
- Services are timely, flexible, and accessible to families and individuals and are delivered in a manner that is respectful of, and builds on, the strengths of the community and cultural groups.
- Services, programs, and community events are culturally and gender competent. Organizers and staff are required to develop an understanding of diversity issues.

- Services, programs and community events are accessible to persons with disabilities.
- The intensity of the services is determined by the needs of the family, not the needs of the agency.
- Services are provided in as natural a setting as possible, most often in the home or other settings chosen by the family.
- Families should remain safely together whenever possible.

SERVICES TO LOW INCOME INDIVIDUALS/FAMILIES –Requirements

Low-income individuals and families are defined as having income at or below 125% of the federal poverty guidelines. One of the purposes of FSP funding is to address the causes and effects of poverty in order for families and the overall community to become more self-sufficient. FSP Programs must choose to address one or more of the following outcomes:

1. Low-income people become more self sufficient.
Services may include employment and related education and training. They may also include the supports necessary to succeed in the workplace, such as child care, health care, transportation, obtaining affordable housing, or emergency food assistance. They could also include helping people obtain court-ordered child support, opening Individual Development Accounts, helping families learn to budget, or improving their earnings through self-employment.)

2. The conditions in which low-income people live are improved.
Services may include creating jobs or preventing the loss of jobs that pay a "living wage;" building affordable housing; weatherizing homes; providing before- or after-school programs; preserving community resources or facilities that support families living in poverty; addressing pollution or waste disposal problems that threaten health or safety of low-income communities; increasing or preserving community services that address public health and safety; increasing or preserving resources that .)

3. Low-income people own a stake in their community.
Services may include empowering and supporting low-income people's participation in formal community organizations, government, or boards or councils that provide input into decision making or policy for the community; helping people purchase a business or their own home; and engaging low-income people as participants in activities that benefit the community.

4. Partnerships among supporters and providers of services to low-income people are achieved.
Activities include partnership with other agencies or organizations in planning and service delivery on behalf of low-income families.

5. Agencies increase their capacity to achieve results.
   Activities may include financial or volunteer resource development that directly benefits low-income individual and families.

6. Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.
   Activities may include providing emergency food, temporary shelter, vendor payments for food, energy bills, rent or mortgage, emergency transportation, protection from violence, disaster relief or clothing.

RESPITE & CHILD CARE – Requirements

Funds must be used in compliance with state allowable cost guidelines for one or more of the following:

a. Child care for working low-income families participating in Family Services Program activities in education or training programs, or in the process of seeking work, may be funded through the use of vouchers issued to parents, through contracts with providers for purchase of child care, or to support child care provided by the tribe.

b. Child care may be provided for families with crisis or respite needs, which includes funding supportive services to families such as: staff training, parent education and training, counseling, consultation, emergency transportation, coordination, information and referral, and other services to meet emergency 24 hour needs (with the exception of emergency foster care).

c. Child care providers, including start-up costs, improvement and expansion of child care services and facilities, and recruitment, education and training for persons providing child care may also be funded.

Tribal programs decide for themselves which of the above groups' needs to target, and tribes are responsible for setting eligibility criteria and payment rates.

Child care services must be provided according to federal Child Care Development Fund (CCDF) regulations and standards. Tribes must comply with CCDF standards and policies in the state work plan.

Reporting Requirements

- Semi-annual FSP reports must be submitted to DHS and DCF within 30 days after the end of the six-month reporting periods, by April 30th for the period of October - March and by October 30th for the period of April - September.

  The DHS copy of the report should be sent to
  - Dave Rynearson P.O. Box 7850, Madison, WI 53707-7850 or david.rynearson@wi.gov .

  The DCF copy of the report should be sent to
  - DCF Area Administrator for the tribe
    http://dcf.wi.gov/regional_operations/pdf/contact_list.pdf

- Substance Abuse Prevention Services Information System (SAP-SIS) information must be submitted online annually at **http://dhs.wisconsin.gov/substabuse/sapsis/** For more information or contact Lou Oppor at 608-266-9485.

- Annual FSP AODA Treatment Report is due by Oct. 30 after the end of the program year.

- Annual Domestic Abuse Reporting will be done on the ALICE software system. Contact Sharon Lewandowski, Wisconsin Department of Children & Families, for technical assistance at 608-266-0700 or Sharon.lewandowski@dcf.wisconsin.gov.

Technical Assistance Contacts

Department of Health Services

AODA Prevention & Treatment
Louis Oppor, DMHSAS/SAS
WI Department of Health Services
1. W. Wilson St., 4th Floor
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Louis.Oppor@wisconsin.gov

General FSP Administration-DHS
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Department of Children and Families

Domestic Abuse
Sharon Lewandowski, DV Coordinator
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201 E. Washington Ave., 2nd Floor
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Sharon.Lewandowski@wisconsin.gov

Youth Development/Teen Parenting
Judie Hermann, Brighter Futures
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Phone 608-266-8659
Email Judith.Hermann@wisconsin.gov

General FSP Administration-DCF
Vacant, Tribal Relations Director
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Madison, WI 53703
Phone
Email

Child Care
Gabe Blood, Early Care and Education
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CSGB/Services to Low Income People
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Safe & Stable Families/Child Welfare
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DCF Area Administrator http://dcf.wi.gov/regional_operations/pdf/contact_list.pdf